

TOUCHPOINT HEALTH PLAN

PO Box 507 Appleton, WI 54912-0507 Customer Service (920) 735-6440 (800) 236-6440 Fax (920) 225-7090 TDD (920) 831-6896 (800) 735-6345

Type of Plan Total Number of Members	
Years of Operating Experience	
Total Number of Primary Care Physicians (PCPs)	
Percentage of PCPs Accepting New Patients	
Percentage of Board Certified Specialty Care Physici	
Number of Urgent Care Facilities	
Number of Dentists	No Routine Dental Coverage

ADDITIONAL INFORMATION

Referral/Prior
Authorization
Requirements

Written referrals must be obtained from your Primary Care Physician before receiving care from any other provider, with a few exceptions. A referral is not required to see a participating OB/GYN, Chiropractor, Ophthalmologist/ Optometrist (for routine eye exams only) or Mental Health provider when obtaining outpatient care. If however, you are obtaining services from a psychiatrist, a referral is required. Referrals to a specialist are approved for a set period of time. There are certain chronic or life threatening conditions for which Touchpoint Health Plan™, with the approval of our Medical Director, will authorize a standing referral. For more information on standing referrals, please contact your Dedicated Service Team at (920) 735-6440 or (800) 236-6440.

Medicare Claims Procedure

If Medicare is the primary carrier, claims must be submitted to Medicare first. If the provider has accepted assignment, Medicare's payment should go directly to the provider with Medicare's EOB (Explanation of Benefit). You or your provider should then submit an itemized bill and a copy of Medicare's EOB to Touchpoint for processing as the secondary carrier.

If Touchpoint is the primary carrier, claims must be submitted to Touchpoint first. Touchpoint's payment for covered services will be issued to the provider. You will receive an EOB from Touchpoint only if there is a remaining balance. You or your provider should then submit the itemized bill and a copy of Touchpoint's EOB to Medicare for processing as the secondary carrier.

Prescription Drug Policy

Touchpoint utilizes an "open" formulary. In the event that you have a medical condition that requires your use of a non-formulary drug, your doctor can prescribe a non-formulary drug, except those items excluded under Uniform Benefits, and advise your pharmacist to dispense that drug to you. There are approximately 52 drugs on the prior-authorization list. These are called "select" drugs. Prior authorization of "select" drugs is the responsibility of your Primary Care Physician. A copy of Touchpoint's formulary and of our "select" drugs can be obtained by calling Touchpoint's Member Service Department at (920) 735-6440 or (800) 236-6440.

Dispensing Policy

Members requiring prescription drugs in quantities exceeding a 30 day supply for vacation and/or travel purposes may obtain an additional 1 month supply for an additional copayment through any participating pharmacy. Maintenance drugs, including birth control pills, are available in greater quantities through our mail-order program.

ADDITIONAL INFORMATION		
Mail Order	Mail order prescription service is available.	
Disposable Diabetic	Supplies may be purchased from either a plan pharmacy or a plan durable	
Supplies Procedure	medical equipment provider. You may be required to pay the 20% coinsurance at the time of purchase and submit the claim to Touchpoint for reimbursement of charges in excess of the 20% coinsurance. Mail order service is also available.	
Outpatient Mental	The plan uses ThedaCare Behavioral Health Services (or Bellin Psychiatric if	
Health	members' Primary Care Physician is in Brown County) to coordinate mental	
Network/Policy	health services. All mental health services and substance abuse treatment must be prior authorized by ThedaCare Behavioral or Bellin Psychiatric. 24 hour telephone access is available by calling (920) 720-2300. A referral from your	
	Primary Care Physician is not required, unless your obtaining services from a psychiatrist.	
24-Hour Nurse Line	Touchpoint Health Plan offers you immediate access to registered nurses 24-hours-a-day through ThedaCare on Call™ at (920) 830-6877 in the Fox Valley area, and Bellin Health System's Ask-A-Nurse in Green Bay at (920) 433-7900. For toll-free access outside the Fox Cities and Green Bay call (800) 236-2236.	
PCP Restrictions	Each family member may select his/her own PCP, independent of other family members. Women may see any Ob/Gyn on the plan without a referral, but cannot select an Ob/Gyn as their Primary Care Physician, except in Brown County.	
Dental Benefits Provided	No routine dental coverage offered.	
Quality Improvements	 Increase the percentage of Hypertensive members who have their blood pressure controlled. 	
Initiative	 Increase the rate of Anti-depressant medication management. 	
	 Increase the scope of information given to women for menopause management. 	

Counties in Service Area	Hospitals in County	Major Providers in County *
Brown	Bellin Hospital	Please refer to Touchpoint's Fall
Calumet	Calumet Medical Center	2001 Provider Directory,
Door	Door County Memorial Hospital	Available through your payroll Representative or Touchpoint
Green Lake	Berlin Memorial Hospital	
Kewaunee	St. Mary's Kewaunee Area	Health Plan (800) 236-6440 or (920) 735-6440
	Memorial Hospital	
Marinette	Bay Area Medical Center	
Oconto	Community Memorial Hospital	
	Oconto Memorial Hospital	
Outagamie	Appleton Medical Center	
	New London Medical Center	
Shawano	Shawano Medical Center	
Waupaca	Riverside Medical Center	
Waushara	Wild Rose Community Hospital	
Winnebago	Theda Clark Medical Center	
	Mercy Medical Center	

^{*} This column provides only a general summary of major provider groups. For a complete listing, please contact the plan at the phone number listed above and/or on the preceding page.